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ABSTRACT

The Lister Hill Network was a federally supported program designed to share computer-assisted instruction (CAI) programs among health science institutions through a national computer network. In May 1975, federal support of the program was discontinued. At that time, the Health Education Network Users Group (HENUG) was formed to insure the continuation of the network. With the loss of federal funding, the costs of accessing the CAI program rose, with the result that some of the past users could not absorb the increased costs. To keep the network functioning it was necessary to make an intensive effort to gain new members and increase utilization. To accomplish this goal, HENUG sought the advice of professional marketing consultants who recommended extensive workshops and the development of promotional aids in the form of a brochure, a display, and a media presentation. The workshop suggestion proved to be too expensive to implement, but the suggestion to develop promotional materials was carried out. It appears that marketing activities will have to be continued in order to insure the continued existance of the network. (JY)

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The Selling of a Network

The Health Education Network is composed of approximately 60 user institutions representing a variety of health sciences. The users access the Computer Education Programs residing in the computer systems at the Ohio State University School of Medicine and Massachusetts General Hospital.

The formation of the Health Education Network occurred through a somewhat unusual series of events initiated in January of 1974. At that time users of the Lister Hill Network became aware that funding would terminate in May of 1975. At this time a small group of individuals, realizing the unique value of this particular network, began to establish plans to insure its continuation.

This experimental CAI network was established in 1972 with a single sole purpose: to test the feasibility of sharing computer assisted instruction programs through a national computer network and although experimental, was highly successful.

However, this networking experiment was never intended to establish and maintain an operational CAI distribution system, and although utilization continued to increase, the funding lapsed on May, 1975, and the Lister Hill Network was discontinued as expected. Prior to this termination, original network users formed the Health Education Network Users Group (HENUG). HENUG was officially constituted as a special interest group of ADCIS, The Association for the Development of Computer Based Instructional Systems.

A steering committee was formed which serves as a coordinating mechanism for information dissemination and user interface on the network. The immediate goal of the steering committee was to preserve the network.

The physical dimensions of the Health Education Network remained the same, with users accessing all programs from Ohio State University College of Medicine and Massachusetts General Hospital with one notable exception. With the absence of federal funding, the cost to access the CAI programs had to increase. Current cost to access the Ohio State University Programs is $10.00 per hour, while costs to access the Massachusetts General Hospital Program are $8.00 per hour. These figures represent actual costs to the hosts and communications costs. This increase in cost was substantial; however, inevitable with the loss of federal funding, and as was expected, many of the past users could not absorb the additional costs.

The establishment of a CAI network was solved. However, the selling of that network to health science institutions, many of which are hard-pressed for funding, is another problem and far greater in scope. The pressures on the original members of the steering committee to establish the Health Education Network and insure its viability through the addition of new users, and subsequent increase in utilization was substantial.

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The steering committee had to face the task of solving the many day-to-day routine problems in addition to the more serious involving potential incorporation, program transfer, development of remote authoring procedures, review and evaluation, etc. And the major problems of selling this network were always present. For example, with the increased costs, how would it be possible to keep past network users, encourage increased network usage, and add new users to the system.

Eventually, the steering committee was increased to a total of ten members representing ten different health education institutions. The steering committee is composed of individuals with backgrounds in Health Sciences and Education, and no one with an extensive background in marketing or advertising. Nevertheless, a marketing subcommittee was established and was given the charge of developing recommendations for selling the Health Education Network. Subsequently, meetings were held and the marketing subcommittee eventually presented the steering committee with a series of recommendations which included:

1. Continuing regional Computer Assisted Instruction workshops.

2. The development of a brochure which would explain the purposes and goals of the Health Education Network, and include general information regarding accessing the network.

3. The development of a display which would be used at major educational and health science conferences and conventions.

4. The development of an audio-visual program which could be used in conjunction with the workshops, displays, and generally be made available to any network user or potential user.

Of these recommendations, the workshops appeared to offer the most effective marketing effort.

However, it was soon discovered that the conducting of regional workshops emphasizing the Health Education Network was not as easy as had been anticipated. The problems were extensive, and included determining the workshop tasks and audiences, objectives, content, regional locations and institutions which might host the workshops, the number of workshops to be conducted, obtaining professional faculty assistance, and determination of a working budget.

It was also decided that before a Health Education Network could be sold computer assisted instruction as a primary source education would also have to be sold. Potential participants would not likely have extensive knowledge of computer based education. General workshop goals might include developing CAI literacy, descriptions of the use of CAI in basic health science and clinical sciences, incorporation of CAI into the curriculum, and so forth.

Potential audience populations were identified and included such diverse groups as Media and Health Science Librarians, Director of

Biocommunications and Learning Resource Centers, Emergency Medical Teams, Dental, Nursing, Medical and Health Science Faculty, Administrators and Educational Directors of Health Care Facilities. As an interesting point, directors of health institution data processing centers were never considered as potential workshop participants.

Committee opinion was divided on the ability to, or value of, conducting workshops for specific heterogeneous audiences. For example, would it be possible to seat a department chairman or cardiology with a registered nurse at a computer terminal? In addition, it was felt that the advantage of conducting a workshop for a homogeneous audience appeared obvious:

a. Ability to develop a highly relevant workshop program.
b. Increased interaction between workshop participants.
c. Identification and sharing of similar problems.

However, there are also distinct disadvantages:

a. Lack of adequate membership for some potential participants.
b. Difficulty in obtaining current membership lists.
c. Increased cost for the development and administration of the workship.
d. Lack of a large target population in specific geographical areas.
e. Potential conflicts with local, state, and national meetings and conferences.

Specific workshops objectives would also have to be developed and might vary from audience to audience. Objectives were developed in behavioral terms and as an example included:

1. Identify and define major components of the computer based educational delivery system.
2. Operate two different computer terminals.
3. Identify three separate computer based educational systems.
4. Distinguish between CAI components (hardware, software, and courseware).
5. Produce a brief, interactive CAI lesson.
6. Develop an annual budget for CAI based on respective institutional goals.

The workshop content would also vary, but would vary in accordance with the objectives established for each workshop.

A workshop director would have to be appointed who would coordinate all activities associated with the workshops. Additional faculty members would have to be obtained to assist in the presentations. Eventually, the committee faced the major problem associated with conducting a workshop -- an adequate budget. At this point, professional marketing assistance was obtained (Dr. Albert Hickey, Associates).

It was determined that the total cost for conducting two workshops which would include promotional costs, terminal time, lunch, travel, and subsistence, and limited hand-out materials would amount to approximately $7,200. In order to conduct a workshop of this magnitude, the workshop fee for participants would have to be substantial. There could obviously be no guarantee of an adequate number of participants to meet these expenses, and the steering committee wisely felt that the Health Education Network was not financially solvent at the present time to take such a risk. Therefore, although it was felt that the workshops offered the greatest potential for marketing, they will have to be curtailed until adequate financial arrangements and logistical problems can be solved. However, the other recommendations by the marketing committee were deemed feasible and cost-effective. Therefore, the marketing committee initiated the development of a brochure, display and media presentation.

The brochure was developed largely through the efforts of Mr. Mark Forman at Ohio State University. A major display was developed by the University of Maryland School of Medicine and used at the Association of American Medical Colleges in Washington, D.C. in November, 1975. The display was jointly sponsored by the Health Education Network Users Group and the Health Sciences Interest Group, both of which are special interest groups of ADCIS. In addition to an explanation of the Health Education Network, and programming offered by the host systems of Ohio State University School of Medicine and Massachusetts General Hospital, the display did contain on-line computer terminals which allowed conference participants to access programs on the network. Professional assistance was provided by both network hosts and members of the Health Education Network Steering Committee. The members of the steering committee feel that the display was generally successful and hopefully will lead to the addition of new users on the network.

The audio-visual presentation was developed utilizing a synchronized slide/tape format. Production facilities were provided by the University of Maryland School of Medicine, Office of Medical Education. However, major contributions to the script were made by a variety of individuals including Dr. Charles Tidball, George Washington University; Barbara Farquhar, and Kathy Famiglietti, Massachusetts General Hospital; Dr. Murray Kappelman, Office of Medical Education, University of Maryland; and Dr. Gerald Fleischli, University of Nebraska Medical Center. This program was also used in conjunction with the AAMC Conference display.

The audio-visual program essentially offers a general introduction to Health Science CAI, identifies a number of problems which can be encountered when implementing a CAI program, and a brief history of the formation of the Health Education Network.

In addition to the effects of marketing efforts it is generally hoped that because of its unique advantages, the Health Education Network will essentially sell itself. For example, the network allows the user to shop for and examine courses and programs available on the system. This often eliminates the need for time consuming correspondence. It is often difficult to accurately describe the structure and content of the computer assisted instruction program. In short, the programs must be seen to be appreciated.

The total cost for joining the network includes the purchase and leasing of a terminal and the payment of the host access fee. The needless costly duplication of programs by users is eliminated. This in turn given the user access to hundreds of hours of basic science programs and sophisticated case simulations, many of which undergo constant revision and change. In one sense, the CAI programs are open to national evaluation. Input from users, pointing out content or program errors, contributes to the revision of programs. Users who wish to develop and offer their own CAI programs structured directly to their own curriculum or requirements can do so through the network. By using the large computer system and resources at Ohio State University, users eliminate the need to spend huge amounts of funds for computer hardware and of course can obtain professional assistance.

The Health Education Network is the only computer based education network that is solely content specific; that is, all programs on the network are directly related to the health sciences, giving the health professional a wide range of interdisciplinary programs from which to choose.

And of course, of major interest to the practicing health professional is the need for continuing education. Programs available on the network from Massachusetts General Hospital and from Ohio State University are now available for Category One Credit towards the AMA Physician's Recognition Award.

This initial marketing effort, although limited in scope, was extremely time-consuming. The marketing responsibilities will have to be continued, however, possibly on a more limited scale unless additional assistance can be obtained. The Health Education Network is firmly established and is again becoming a valuable resource to many health science and health care institutions.

This paper resulted from a substantial group effort involving all members of the Health Education Network Steering Committee and Marketing Subcommittee:

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